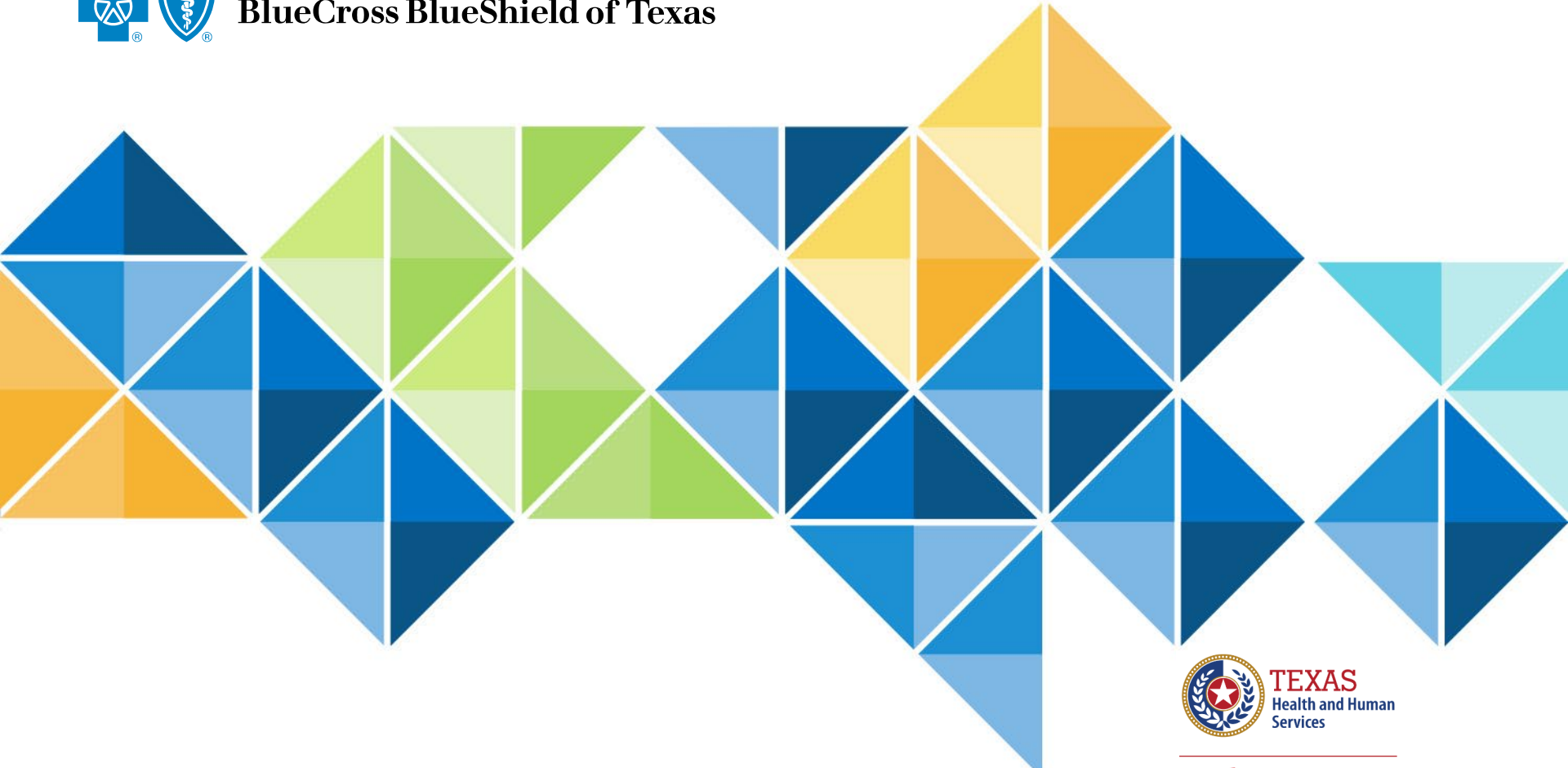# Electronic Visit Verification (EVV) Claims Matching

SKSCP-9039-0922
Revised 03/30/2023

Training Instructions

- This is a biannual 30-minute training session
- Our training is instructor-led
- Training is for Texas Medicaid Providers, FMSAs, and CDs Employers and all have the option to attend.
- Registration is required to attend the training and will track training completion for attendees.
- Currently, no assessment is included in the training.

Overview of Training

- [EVV Policy Handbook](#) – [Section 12000](#) EVV Claims

- EVV Key Terms and Definitions

- EVV Claims Matching Process

- EVV Exceptions to the Claims Matching

- Texas Medicaid & Healthcare Partnership (TMHP) Job Aid on Claims Matching and Texas Health and Human Service Commission [(HHSC) Best Practice on Claims Matching](#)

- [Blue Cross and Blue Shield of Texas (BCBSTX) EVV Website and Resources](#)

- BCBSTX EVV Contact Information

Key Terms and Definitions

Key Term	Definition
Electronic Visit Verification (EVV)	Is a computer-based system that electronically documents and verifies service delivery information, such as date, time, service type and location for certain Medicaid service visits
21st Century Cures Act	The 21st Century Cures Act is a federal law enacted by the U.S. Congress in December of 2016. This law requires all states to use EVV for Medicaid personal care services (PCS) and home health care services (HHCS), requiring an in-home visit that is provided under a State plan or under a waiver of the plan
EVV Policy Handbook	The Texas Health and Human Services Commission (HHSC) handbook that provides EVV standards and policy requirements
EVV Compliance Reviews	A set of standards established by Texas HHSC and Managed Care Organizations (MCOs) to review on a regular basis to ensure program providers, Financial Management Services Agencies (FMSAs), and Consumer Directed Services (CDS) employers adhere to EVV requirements
EVV Claims	Program Provider or FMSA must only submit claims for reimbursement once all the visits for the claim line items have been completed and accepted by the EVV Aggregator. EVV Aggregator will perform a claims match against the accepted EVV visit transactions stored in the EVV Portal.

Key Terms and Definitions Cont.

Key Term	Definition
Manual EVV Visits	When the service provider fails to clock in or clock out of the EVV system or an approved clock in or clock out method is not available, the program provider, FMSA or CDS employer must manually enter the EVV visit into the EVV system
Rejected EVV Visits	When an EVV visit, transaction is sent to the EVV Aggregator and does not pass all EVV visit transaction validations, the EVV visit transaction is rejected and sent back to the EVV system to notify the program provider or FMSA
Visit Maintenance	Process used by the Program Provider, FMSAs or CDS employer to correct an EVV visit transaction in the EVV system to accurately reflect the delivery of service

Claims Process

- **Section 12000 of the EVV Policy Handbook is the section that covers EVV Claims**
  - **12100 Claims Submission**
    - Each claims management system will forward the EVV Claims to the EVV Aggregator for the EVV claims matching process. The EVV Aggregator will return the EVV claims and the EVV claims match result code(s) back to the claims management system for further claims processing
  - **12200 Claims Matching**
    - All EVV claims for [services required to use EVV](#) must match the accepted EVV visit transaction in the EVV Aggregator before reimbursement of the EVV claim by BCBSTX.
    - BCBSTX will deny or recoup an EVV claim that does not match an accepted EVV visit transaction.
  - **12220 Exceptions to the Claims Matching Process**
    - HHSC may temporarily set the EVV claims matching process to bypass EVV claims in response to a disaster or temporary circumstances that may disrupt delivery of services. In such cases, HHSC will provide written direction to program providers and FMSAs, including the effective dates of the bypass.

Claims Process – Cont.

- **12210 Claims Matching Process**
    - The automated claims matching process includes receiving an EVV claim line item; matching the data elements on each EVV line to one or more accepted visit transactions in the Aggregator; forwarding the claim match code to BCBSTX once the claims match process is complete.
    - Program Providers and FMSAs must use the EVV Portal to review and confirm the Aggregator has accepted the EVV visit transaction before submitting the EVV claims for those services.

- **12230 Claim Match Result Codes**
    - Need an EVV01 Successful Match Code (except for bypass) in order for BCBSTX to pay the claim
    - The claims match result codes viewable in the EVV Portal are:
        EVV01 – EVV Successful Match
        EVV02 – Medicaid ID Mismatch
        EVV03 – Visit Date Mismatch
        EVV04 – Provider (NPI/API) or Attendant ID Mismatch
        EVV05 – Service Mismatch (HCPCS and Modifiers if applicable)
        EVV06 – Units Mismatch
        EVV07 – Match Not Required
        EVV08 – Natural Disaster

BCBSTX EVV Website

- [BCBSTX EVV Webpage](https://www.bcbstx.com/provider/medicaid/evv) - https://www.bcbstx.com/provider/medicaid/evv

- Four Resource Sections – Policies, Training, Notices, and Archives

- EVV Visit Maintenance Unlock Request (VMUR) Forms (located on our [EVV webpage](#))
  - Programs Providers and FMSA
  - CDS Employers

- TMHP EVV Contact Information & [TMHP Learning Management System (LMS)](#)

- Department of Health and Human Services [(HHS) Learning Portal](#)

BCBSTX EVV Contact Information

- BCBSTX_EVV_Questions@bcbstx.com

- Provider Customer Service at **1-877-784-6802**

- For Service Coordination needs, call **1-877-301-4394** (TTY **7-1-1**)

- Information on how to submit a [Complaint or Appeal](#)

- [Sign Up for GovDelivery](#) – Ensures you will have the most current news and alerts related to EVV

Questions?